

## General Assembly

## Amendment

January Session, 2005

LCO No. 7770

\*HB0671307770HD0\*

Offered by:

REP. SAYERS, 60<sup>th</sup> Dist. SEN. MURPHY, 16<sup>th</sup> Dist.

To: Subst. House Bill No. **6713** 

File No. 465

Cal. No. 342

## "AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH STATUTES."

- After the last section, add the following and renumber sections and
- 2 internal references accordingly:
- 3 "Sec. 501. Section 7-68 of the general statutes is repealed and the
- 4 following is substituted in lieu thereof (*Effective from passage*):
- 5 On receipt by the registrar of vital statistics of any town of a
- 6 certificate of death containing the facts required by section 7-65 for a
- 7 permit for burial, or when it appears that such certificate is already a
- 8 matter of record, or that the original burial permit, by virtue of which
- 9 the body of any deceased person was brought into such town, is on file
- or recorded in such registrar's office, the registrar, upon request, shall
- 11 issue a permit for the disinterment or removal of such body to [the
- responsible] <u>a</u> licensed funeral director or embalmer [, as indicated on the death certificate or burial permit,] or to an individual designated
- on an order from a judge of the Superior Court or judge of probate, as

15 provided in section 19a-413, stating therein the locality of the

- 16 interment, disinterment or removal; but no permit for the disinterment
- of the body of any deceased person shall be issued in any case where
- 18 death was caused by a communicable disease, except by the
- 19 permission and under the direction of the town director of health.
- Sec. 502. Subsection (c) of section 19a-14 of the general statutes is
- 21 repealed and the following is substituted in lieu thereof (Effective
- 22 *October 1, 2005*):
- 23 (c) No board shall exist for the following professions that are
- 24 licensed or otherwise regulated by the Department of Public Health:
- 25 (1) Speech and language pathologist and audiologist;
- 26 (2) Hearing instrument specialist;
- 27 (3) Nursing home administrator;
- 28 (4) Sanitarian;
- 29 (5) Subsurface sewage system installer or cleaner;
- 30 (6) Marital and family therapist;
- 31 (7) Nurse-midwife;
- 32 (8) Licensed clinical social worker;
- 33 (9) Respiratory care practitioner;
- 34 (10) Asbestos contractor and asbestos consultant;
- 35 (11) Massage therapist;
- 36 (12) Registered nurse's aide;
- 37 (13) Radiographer;
- 38 (14) Dental hygienist;

- 39 (15) Dietitian-Nutritionist;
- 40 (16) Asbestos abatement worker;
- 41 (17) Asbestos abatement site supervisor;
- 42 (18) Licensed or certified alcohol and drug counselor;
- 43 (19) Professional counselor;
- 44 (20) Acupuncturist;
- 45 (21) Occupational therapist and occupational therapist assistant;
- 46 (22) Lead abatement contractor, lead consultant contractor, lead
- 47 consultant, lead abatement supervisor, lead abatement worker,
- 48 inspector and planner-project designer;
- 49 (23) Emergency medical technician, emergency medical technician-
- 50 intermediate, medical response technician and emergency medical
- 51 services instructor; and
- 52 (24) Paramedic.
- 53 The department shall assume all powers and duties normally vested
- 54 with a board in administering regulatory jurisdiction over such
- professions. The uniform provisions of this chapter and chapters 368v,
- 56 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
- 57 and 400c, including, but not limited to, standards for entry and
- 58 renewal; grounds for professional discipline; receiving and processing
- 59 complaints; and disciplinary sanctions, shall apply, except as otherwise
- 60 provided by law, to the professions listed in this subsection.
- 61 Sec. 503. Subsection (c) of section 19a-14 of the general statutes, as
- 62 amended by section 8 of public act 00-226, is repealed and the
- 63 following is substituted in lieu thereof (*Effective on and after the later of*
- October 1, 2000, or the date notice is published by the Commissioner of Public
- 65 Health in the Connecticut Law Journal indicating that the licensing of athletic
- 66 trainers and physical therapist assistants is being implemented by the

- 67 *commissioner*):
- 68 (c) No board shall exist for the following professions that are
- 69 licensed or otherwise regulated by the Department of Public Health:
- 70 (1) Speech <u>and language</u> pathologist and audiologist;
- 71 (2) Hearing instrument specialist;
- 72 (3) Nursing home administrator;
- 73 (4) Sanitarian;
- 74 (5) Subsurface sewage system installer or cleaner;
- 75 (6) Marital and family therapist;
- 76 (7) Nurse-midwife;
- 77 (8) Licensed clinical social worker;
- 78 (9) Respiratory care practitioner;
- 79 (10) Asbestos contractor and asbestos consultant;
- 80 (11) Massage therapist;
- 81 (12) Registered nurse's aide;
- 82 (13) Radiographer;
- 83 (14) Dental hygienist;
- 84 (15) Dietitian-Nutritionist;
- 85 (16) Asbestos abatement worker;
- 86 (17) Asbestos abatement site supervisor;
- 87 (18) Licensed or certified alcohol and drug counselor;
- 88 (19) Professional counselor;

- 89 (20) Acupuncturist;
- 90 (21) Occupational therapist and occupational therapist assistant;
- 91 (22) Lead abatement contractor, lead consultant contractor, lead
- 92 consultant, lead abatement supervisor, lead abatement worker,
- 93 inspector and planner-project designer;
- 94 (23) Emergency medical technician, emergency medical technician-
- 95 intermediate, medical response technician and emergency medical
- 96 services instructor;
- 97 (24) Paramedic; and
- 98 (25) Athletic trainer.
- 99 The department shall assume all powers and duties normally vested
- 100 with a board in administering regulatory jurisdiction over such
- 101 professions. The uniform provisions of this chapter and chapters 368v,
- 102 369 to 381a, inclusive, 383 to 388, inclusive, 393a, 395, 398, 399, 400a
- and 400c, including, but not limited to, standards for entry and
- 104 renewal; grounds for professional discipline; receiving and processing
- 105 complaints; and disciplinary sanctions, shall apply, except as otherwise
- provided by law, to the professions listed in this subsection.
- Sec. 504. Subsection (b) of section 19a-112a of the general statutes is
- repealed and the following is substituted in lieu thereof (Effective July
- 109 1, 2005):
- (b) (1) For the purposes of this section, "protocol" means the state of
- 111 Connecticut Technical Guidelines for Health Care Response to Victims
- of Sexual Assault, including the Interim Sexual Assault Toxicology
- 113 Screen Protocol, as revised from time to time and as incorporated in
- 114 regulations adopted in accordance with subdivision (2) of this
- subsection, pertaining to the collection of evidence in any sexual
- assault investigation.
- 117 (2) The commission shall recommend the protocol to the Chief

118 State's Attorney for adoption as regulations in accordance with the

- provisions of chapter 54. Such protocol shall include nonoccupational
- 120 post-exposure prophylaxis for human immunodeficiency virus (nPEP),
- 121 <u>as recommended by the National Centers for Disease Control.</u> The
- 122 commission shall annually review the protocol and may annually
- recommend changes to the protocol for adoption as regulations.
- Sec. 505. Subdivision (9) of section 19a-177 of the general statutes is
- repealed and the following is substituted in lieu thereof (*Effective from*
- 126 passage):
- 127 (9) (A) Establish rates for the conveyance of patients by licensed
- 128 ambulance services and invalid coaches and establish emergency
- service rates for certified ambulance services, provided (i) the present
- 130 rates established for such services and vehicles shall remain in effect
- until such time as the commissioner establishes a new rate schedule as
- provided in this subdivision, and (ii) any rate increase not in excess of
- the Medical Care Services Consumer Price Index, as published by the
- 134 Bureau of Labor Statistics of the United States Department of Labor,
- for the prior year, filed in accordance with subparagraph (B)(iii) of this
- subdivision shall be deemed approved by the commissioner. [; (B)
- 137 adopt]
- 138 (B) Adopt regulations, in accordance with the provisions of chapter
- 139 54, establishing methods for setting rates and conditions for charging
- 140 such rates. Such regulations shall include, but not be limited to,
- 141 provisions requiring that on and after July 1, 2000: (i) Requests for rate
- increases may be filed no more frequently than once a year, except
- that, in any case where an agency's schedule of maximum allowable
- 144 rates falls below that of the Medicare allowable rates for that agency,
- 145 the commissioner shall immediately amend such schedule so that the
- 146 <u>rates are at or above the Medicare allowable rates</u>; (ii) only licensed
- ambulance services and certified ambulance services that apply for a
- 148 rate increase in excess of the Medical Care Services Consumer Price
- 149 Index, as published by the Bureau of Labor Statistics of the United
- 150 States Department of Labor, for the prior year, and do not accept the

maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and certified ambulance services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service. [; and (C) establish]

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates

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established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for intramunicipality mileage. Such rates shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision.

195 Sec. 506. Subsection (c) of section 20-7a of the general statutes is 196 repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(c) Each practitioner of the healing arts who (1) has an ownership or investment interest in an entity [which] that provides diagnostic or therapeutic services, or (2) receives compensation or remuneration for referral of such patient to an entity [which] that provides diagnostic or therapeutic services shall disclose such interest to any patient prior to referring such patient to such entity for diagnostic or therapeutic services and provide reasonable referral alternatives. Such information shall be verbally disclosed to each patient or shall be posted in a conspicuous place visible to patients in the practitioner's office. The posted information shall list the therapeutic and diagnostic services in which the practitioner has an ownership or investment interest and therapeutic and diagnostic services from which the practitioner receives compensation or remuneration for referrals and state that alternate referrals will be made upon request. Therapeutic services include physical therapy, radiation therapy, intravenous therapy and rehabilitation services including physical therapy, occupational therapy or speech and language pathology or any combination [thereof] of such therapeutic services. This subsection shall not apply to in-office ancillary services. As used in this subsection, "ownership or investment interest" [shall] does not include ownership of investment securities purchased by the practitioner on terms available to the

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219 general public and [which] that are publicly traded; and "entity

- 220 [which] that provides diagnostic or therapeutic services" [shall
- include] <u>includes</u> services provided by an entity within a hospital but
- [which] that is not owned by the hospital. Violation of this subsection
- 223 [shall constitute] constitutes conduct subject to disciplinary action
- 224 under subdivision (6) of subsection (a) of section 19a-17.
- Sec. 507. Section 20-86b of the general statutes is repealed and the
- following is substituted in lieu thereof (*Effective from passage*):
  - A clinical practice relationship shall exist between each nursemidwife and an obstetrician-gynecologist and shall be based upon mutually agreed upon medical guidelines and protocols. Such protocols shall be written and contain a list of medications, devices and laboratory tests [which] that may be prescribed, dispensed or administered by the nurse-midwife. Such protocols shall be [filed with made available to the Department of Public Health upon request of the department. The term "directed" does not necessarily imply the physical presence of an obstetrician-gynecologist while care is being given by a nurse-midwife. Each nurse-midwife shall sign the birth certificate of each infant delivered by the nurse-midwife. A nursemidwife may make the actual determination and pronouncement of death of an infant delivered by the nurse-midwife provided: (1) The death is an anticipated death; (2) the nurse-midwife attests to such pronouncement on the certificate of death; and (3) the nurse-midwife or a physician licensed pursuant to chapter 370 certifies the certificate of death not later than twenty-four hours after such pronouncement.
- Sec. 508. Section 20-122 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
  - (a) No person, except a licensed and registered dentist, and no corporation, except a professional service corporation organized and existing under chapter 594a for the purpose of rendering professional dental services, and no institution shall own or operate a dental office, or an office, laboratory or operation or consultation room in which

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251 dental medicine, dental surgery or dental hygiene is carried on as a 252 portion of its regular business; but the provisions of this section [shall] 253 do not apply to hospitals, community health centers, public or 254 parochial schools, or convalescent homes, or institutions under control 255 of an agency of the state of Connecticut, or the state or municipal 256 board of health, or a municipal board of education; or those 257 educational institutions treating their students, or to industrial 258 institutions or corporations rendering treatment to their employees on 259 a nonprofit basis, provided permission [therefor] for such treatment 260 has been granted by the State Dental Commission. Such permission 261 may be revoked for cause after hearing by said commission.

- (b) Any licensed practitioner who provides dental services in a dental office or other location in violation of subsection (a) of this section shall be subject to disciplinary action under sections 20-114 and 19a-17.
- 266 (c) Notwithstanding the provisions of subsections (a) and (b) of this 267 section or chapter 594a, a professional service corporation whose capital stock is held by or under the control of a personal 268 269 representative or the estate of a deceased or incompetent dentist may 270 operate a dental office or other location for the purpose of rendering 271 professional dental services for a reasonable period of time, not to exceed eighteen months from the date of the dentist's death or the date 272 273 the dentist is lawfully determined to be incompetent, whichever is 274 applicable.
- Sec. 509. Section 20-206d of the general statutes is amended by adding subsection (c) as follows (*Effective from passage*):
- (NEW) (c) No provision of this chapter shall be construed to prohibit an out-of-state massage therapist who (1) is licensed or certified in another state whose standards for licensure or certification are equivalent to or greater than those required in this state, or (2) if licensure or certification is not required in such other state, is a member in good standing of the American Massage Therapy

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283 Association, from providing uncompensated massage therapy services 284 during the Special Olympics or similar athletic competitions for 285 persons with disabilities, provided such out-of-state massage therapist 286 (A) does not represent himself or herself to be a Connecticut licensed 287 massage therapist; (B) provides massage therapy under the 288 supervision of a Connecticut licensed massage therapist; and (C) only 289 provides massage therapy to persons participating in the Special 290 Olympics or similar athletic competitions for persons with disabilities.

- Sec. 510. Section 20-408 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- As used in this chapter, unless the context otherwise requires:
  - (1) "The practice of speech <u>and language</u> pathology" means the application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling or instruction relating to the development and disorders of speech, voice or language <u>or feeding and swallowing or other upper aerodigestive functions</u> for the purpose of diagnosing, preventing, treating, ameliorating or modifying such disorders and conditions in individuals or groups of individuals.
  - (2) "Licensed speech <u>and language</u> pathologist" means a person licensed under this chapter to practice speech <u>and language</u> pathology.
  - (3) "The practice of audiology" means the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation, counseling and the determination and use of appropriate amplification related to hearing and disorders of hearing, including the fitting or selling of hearing aids, for the purpose of modifying communicative disorders involving speech, language, auditory function or other aberrant behavior related to hearing loss.
- 311 (4) "Licensed audiologist" means a person licensed under this 312 chapter to practice audiology.

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313 (5) "Commissioner" means the Commissioner of Public Health.

- 314 (6) "Department" means the Department of Public Health.
- Sec. 511. Section 20-410 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- No person shall engage in or offer to engage in the practice of speech <u>and language</u> pathology or audiology or represent himself as a speech <u>and language</u> pathologist or audiologist in this state unless [he] <u>such person</u> is licensed or exempted under the provisions of this chapter.
- Sec. 512. Section 20-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
  - (a) Except as provided in subsection (b) of this section no person shall be licensed under this chapter until he has successfully passed a written examination, the subject and scope of which shall be determined by the commissioner. Application for such examination shall be on forms prescribed and furnished by the department and accompanied by satisfactory proof that he: (1) Is of good professional character; (2) possesses a master's or doctorate degree in speech and language pathology or audiology from a program accredited, at the time of the applicant's graduation, by the educational standards board of the American Speech-Language Hearing Association or such successor organization as may be approved by the department, or has completed an integrated educational program which, at the time of the applicant's completion, satisfied the educational requirements of said organization for the award of a certificate of clinical competence; (3) has had a minimum of thirty-six weeks and one thousand eighty hours of full-time or a minimum of forty-eight weeks and one thousand four hundred forty hours of part-time professional employment in speech and language pathology or audiology under the supervision of a licensed or certified speech and language pathologist or audiologist. Such employment shall follow the completion of the educational requirements of subdivision (2) of this subsection. Persons engaged in

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such employment under the direct supervision of a person holding a valid hearing instrument specialist's license or as an audiologist under this chapter who is authorized to fit and sell hearing aids pursuant to section 20-398 shall not be required to obtain a temporary permit pursuant to section 20-400. Full-time employment means a minimum of thirty hours a week and part-time employment means a minimum of fifteen hours a week.

- (b) The commissioner may waive the written examination for any person who (1) is licensed as a speech <u>and language</u> pathologist or audiologist in another state and such state has licensing requirements at least equivalent to the requirements in this state; or (2) holds a certificate from a national professional organization, approved by the commissioner, in speech <u>and language</u> pathology or audiology.
- Sec. 513. Section 20-412 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- 360 The fee for an initial license as provided for in section 20-411, as 361 amended by this act, as a speech and language pathologist or 362 audiologist shall be one hundred dollars and for a combined license as 363 a speech and language pathologist and audiologist shall be one 364 hundred eighty dollars. Licenses shall expire in accordance with 365 section 19a-88 and shall become invalid unless renewed. Renewal may 366 be effected upon payment of a fee of one hundred dollars and in 367 accordance with section 19a-88.
- Sec. 514. Section 20-413 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- Nothing in this chapter shall be construed as prohibiting:
- 371 (1) Consulting with or disseminating research findings and scientific 372 information to accredited academic institutions or governmental 373 agencies or offering lectures to the public for a fee, monetary or 374 otherwise;

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(2) The activities and services of a graduate student or speech <u>and language</u> pathology intern in speech <u>and language</u> pathology pursuing a course of study leading to a graduate degree in speech <u>and language</u> pathology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Speech <u>and Language</u> Pathology Intern", "Speech <u>and Language</u> Pathology Trainee", or other such title clearly indicating the training status appropriate to his level of training;

- (3) The activities and services of a graduate student or audiology intern in audiology at an accredited or approved college or university or a clinical training facility approved by the department, provided these activities and services constitute a part of his supervised course of study and that such person is designated as "Audiology Intern", "Audiology Trainee", or other such title clearly indicating the training status appropriate to his level of training;
- (4) (A) A person from another state offering speech and language pathology or audiology services in this state, provided such services are performed for no more than five days in any calendar year and provided such person meets the qualifications and requirements for licensing in this state; or (B) a person from another state who is licensed or certified as a speech and language pathologist or audiologist by a similar authority of another state, or territory of the United States, or of a foreign country or province whose standards are equivalent to or higher than, at the date of his certification or licensure, the requirements of this chapter and regulations adopted hereunder, or a person who meets such qualifications and requirements and resides in a state or territory of the United States, or a foreign country or province which does not grant certification or license to speech and language pathologists or audiologists, from offering speech and language pathology or audiology services in this state for a total of not more than thirty days in any calendar year;

(5) The activities and services of a person who meets the requirements of subdivisions (1) and (2) of subsection (a) of section 20-410 411, as amended by this act, while such person is engaged in full or part-time employment in fulfillment of the professional employment requirement of subdivision (3) of said subsection (a);

- (6) Nurses and other personnel from engaging in screening and audiometric testing, under the supervision of a licensed physician, surgeon or audiologist, for the purpose of identifying those persons whose sensitivity of hearing is below the standard acceptable level;
- (7) The activity and services of hearing instrument specialists;
  - (8) The use of supervised support personnel to assist licensed speech and language pathologists with tasks that are (A) designed by the licensed speech and language pathologists being assisted, (B) routine, and (C) related to maintenance of assistive and prosthetic devices, recording and charting or implementation of evaluation or intervention plans. For purposes of this subdivision, "supervised" means (i) not more than three support personnel are assisting one licensed speech and language pathologist, (ii) in-person communication between the licensed speech and language pathologist and support personnel is available at all times, and (iii) the licensed speech and language pathologist provides the support personnel with regularly scheduled direct observation, guidance, direction and conferencing for not less than thirty per cent of client contact time for the support personnel's first ninety workdays and for not less than twenty per cent of client contact time thereafter.
- Sec. 515. Section 20-416 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- (a) Proceedings under this chapter and any appeals from the decisions or orders of the commissioner shall be in accordance with the provisions of chapter 54 and the regulations adopted by the Commissioner of Public Health.

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(b) The department shall adopt regulations in accordance with chapter 54 for the administration of this chapter and for the conduct of the practice of speech <u>and language</u> pathology and audiology.

- Sec. 516. Subsection (a) of section 46a-11b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
- 445 (a) Any physician or surgeon licensed under the provisions of 446 chapter 370, any resident physician or intern in any hospital in this 447 state, whether or not so licensed, any registered nurse, any person paid 448 for caring for persons in any facility and any licensed practical nurse, 449 medical examiner, dental hygienist, dentist, occupational therapist, 450 optometrist, chiropractor, psychologist, podiatrist, social worker, 451 school teacher, school principal, school guidance counselor, school 452 paraprofessional, mental health professional, physician assistant, 453 licensed or certified substance abuse counselor, licensed marital and 454 family therapist, speech and language pathologist, clergyman, police 455 officer, pharmacist, physical therapist, licensed professional counselor 456 or sexual assault counselor or battered women's counselor, as defined 457 in section 52-146k, who has reasonable cause to suspect or believe that 458 any person with mental retardation has been abused or neglected 459 shall, as soon as practicable but not later than seventy-two hours after 460 such person has reasonable cause to suspect or believe that a person 461 with mental retardation has been abused or neglected, report such 462 information or cause a report to be made in any reasonable manner to 463 the director or persons the director designates to receive such reports. 464 Such initial report shall be followed up by a written report not later 465 than five calendar days after the initial report was made. Any person 466 required to report under this subsection who fails to make such report 467 shall be fined not more than five hundred dollars.
- Sec. 517. (NEW) (*Effective October 1, 2005*) As used in sections 517 to 523, inclusive, of this act:
- 470 (1) "Authenticate" means to affirmatively verify, before any

distribution of a prescription drug occurs, that each transaction listed on the pedigree has occurred.

- 473 (2) "Commissioner" means the Commissioner of Consumer 474 Protection.
- 475 (3) "Facility" means a facility of a wholesale distributor where 476 prescription drugs are stored, handled, repackaged or offered for sale.
- 477 (4) "Immediate family" means a dependent relative who resides in 478 the individual's household or any spouse, child or parent of the 479 individual.
- 480 (5) "Normal distribution channel" means a chain of custody for a 481 medication that goes from a manufacturer to a wholesaler to a 482 pharmacy to a patient.
  - (6) "Pedigree" means a document or electronic file containing information that records each distribution of any given prescription drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesale distributor or repackager, until final sale to a pharmacy or other person dispensing or administering the prescription drug.
  - (7) "Prescription drug" means any drug, including any biological product, except for blood and blood components intended for transfusion or biological products that are also medical devices required by federal law or regulations, to be dispensed only by a prescription, including finished dosage forms and bulk drug substances subject to Section 503(b) of the federal Food, Drug and Cosmetic Act.
- 496 (8) "Repackage" means repackaging or otherwise changing the 497 container, wrapper or labeling to further the distribution of a 498 prescription drug.
- (9) "Repackager" means a person who repackages.

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(10) "Wholesale distributor" means any person engaged in the wholesale distribution of prescription drugs, including, but not limited to, manufacturers, unless specified otherwise, repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses and wholesale drug warehouses, independent wholesale drug traders and retail pharmacies that conduct wholesale distribution.

Sec. 518. (NEW) (*Effective October 1, 2005*) Every wholesale distributor that engages in the wholesale distribution of prescription drugs in the state, including nonresident wholesale distributors that ship prescription drugs into the state, shall be licensed by the Commissioner of Consumer Protection, in accordance with the provisions of sections 517 to 523, inclusive, of this act, before engaging in the wholesale distribution of prescription drugs in the state.

Sec. 519. (NEW) (*Effective October 1, 2005*) (a) Any person may apply to the Commissioner of Consumer Protection for a wholesale distributor license or for renewal of a wholesale distributor license.

(b) The applicant shall disclose on the application (1) the name, full business address and telephone number of the applicant or licensee; (2) all trade or business names used by the applicant or licensee; (3) addresses, telephone numbers and names of contact persons for all facilities used by the applicant or licensee for the storage, handling and distribution of prescription drugs; (4) the type of ownership or operation, including, but not limited to, partnership, corporation or sole proprietorship; (5) the name or names of the owner or operator of the applicant or licensee and related information, including (A) if an individual, the name of the individual, (B) if a partnership, the name of each partner and the name of the partnership, (C) if a corporation, the name and title of each corporate officer and director, the corporate names and the state of incorporation, and (D) if a sole proprietorship, the full name of the sole proprietor and the name of the business entity; (6) a list of all licenses and permits issued to the applicant or

533 licensee by any other state that authorizes the applicant or licensee to 534 purchase or possess prescription drugs; (7) the name of the manager of the facility that is applying for the initial license or to renew the 535 536 license, the next four highest ranking employees responsible for 537 prescription drug wholesale operations for the facility, and the name 538 of all affiliated parties for the facility, together with the personal 539 information statement required pursuant to subdivision (9) of this 540 subsection; (8) the name of the designated representative of the 541 applicant or licensee for the facility, together with the personal 542 information statement required pursuant to subdivision (9) of this 543 subsection and fingerprints for each such person; and (9) the following 544 information for each person described in subdivisions (7) and (8) of 545 this subsection who is required to provide a personal information 546 statement:

- (A) The person's places of residence for the past seven years;
- 548 (B) The person's date and place of birth;
- 549 (C) The person's occupations, positions of employment and offices 550 held during the past seven years;
  - (D) The principal business and address of any business, corporation or other organization in which each such office of the person was held or in which each such occupation or position of employment was held;
- (E) Whether the person was, during the past seven years, the subject of any proceeding for the revocation of any license and, if so, the nature and disposition of the proceeding;
  - (F) Whether, during the past seven years, the person was enjoined, either temporarily or permanently, by a court of competent jurisdiction from violating any federal or state law regulating the possession, control or distribution of prescription drugs, together with details concerning any such event;
- 562 (G) A description of any involvement by the person with any

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business, including any investments, other than the ownership of stock in a publicly traded company or mutual fund, during the past seven years, that manufactured, administered, prescribed, distributed or stored pharmaceutical products and any lawsuits in which such business was named as a party;

- (H) A description of any felony criminal offense of which the person, as an adult, was found guilty, regardless of whether adjudication of guilt was withheld or whether the person pled guilty or nolo contendere. If the person indicates that a criminal conviction is under appeal and submits a copy of the notice of appeal of that criminal offense, the applicant or licensee shall, not later than fifteen days after the disposition of the appeal, submit to the state a copy of the final written order of disposition; and
- (I) A photograph of the person taken not earlier than the thirty-day period preceding submission to the commissioner of the information required by this subsection.
- (c) The commissioner shall not issue or renew a wholesale distributor license unless the commissioner determines that the applicant's designated representative meets all of the following qualifications: (1) Is at least twenty-one years of age; (2) has been employed full time for at least three years in a pharmacy or with a wholesale distributor in a capacity related to the dispensing and distribution of and recordkeeping relating to prescription drugs; (3) has received a score of seventy-five per cent or more on an examination given by the commissioner regarding federal and state laws governing wholesale distribution of prescription drugs, provided a designated representative who previously served in such capacity retakes the state examination each time a licensee lists the person as the designated representative in an application for license renewal; (4) is employed by the applicant full time in a managerial position; (5) is actively involved in and aware of the actual daily operation of the wholesale distributor; (6) is physically present at the applicant's facility during regular business hours, except when the absence of the

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designated representative is authorized, including, but not limited to, absences due to sick leave or vacation leave; (7) is serving in the capacity of a designated representative for only one applicant or licensee at a time; (8) does not have any convictions under any federal, state or local laws relating to wholesale or retail prescription drug distribution or distribution of controlled substances; and (9) does not have any felony convictions under federal, state, or local laws.

- (d) The applicant shall submit to a criminal history records check in accordance with the provisions of section 29-17a of the general statutes.
- 606 (e) The commissioner shall require each applicant to submit a bond 607 in an amount determined by the commissioner or other equivalent 608 means of security acceptable to the commissioner, such as an 609 irrevocable letter of credit or a deposit in a trust account or financial 610 institution, payable to the drug wholesaler account established 611 pursuant to section 525 of this act. The purpose of the bond is to secure 612 payment of any fines or penalties imposed by the commissioner and 613 any fees or costs incurred by the commissioner regarding a wholesale 614 distributor license under the provisions of sections 517 to 523, 615 inclusive, of this act and which the licensee fails to pay by the date 616 thirty days after the date such fines, penalties, fees or costs become 617 final. The commissioner may make a claim against such bond or 618 security up to one year after the date the licensee's license ceases to be 619 valid.
  - (f) If a wholesale distributor distributes prescription drugs from more than one facility, the wholesale distributor shall obtain a wholesale distributor license for each facility.
- (g) A wholesale distributor licensed pursuant to the provisions of sections 517 to 523, inclusive, of this act shall notify the commissioner of any changes to the information required in subsection (b) of this section not later than thirty days after such change.
- Sec. 520. (NEW) (Effective October 1, 2005) (a) On and after October 1,

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628 2005, in any calendar month, a wholesale distributor shall sell,

- distribute, transfer or otherwise sell at least ninety per cent of its total
- 630 amount of prescription drugs to a pharmacy or other person
- dispensing or administering the drug, except as may be otherwise
- 632 required under an agreement between such distributor and the
- 633 Commissioner of Consumer Protection.
- (b) A wholesale distributor shall not purchase or otherwise receive a prescription drug from a pharmacy, except that a wholesale distributor may receive a prescription drug from a pharmacy if the prescription drug was originally purchased by the pharmacy from the wholesale
- 638 distributor.

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- (c) A wholesale distributor that meets the exception in subsection (b) of this section shall not: (1) Receive from a pharmacy an amount or quantity of a prescription drug larger than the amount or quantity that was originally sold by the wholesale distributor to the pharmacy; or (2) pay the pharmacy an amount, either in cash or credit, more than the pharmacy originally paid the wholesale distributor for the prescription drug.
  - (d) A manufacturer or wholesale distributor shall furnish prescription drugs only to a person licensed by the appropriate state licensing authorities. Before furnishing prescription drugs to a person not known to the manufacturer or wholesale distributor, the manufacturer or wholesale distributor shall affirmatively verify the person is legally authorized to receive the prescription drugs by contacting the appropriate state licensing authorities.
  - (e) Prescription drugs furnished by a manufacturer or wholesale distributor shall be delivered only to the premises listed on the license, provided the manufacturer or wholesale distributor may furnish prescription drugs to an authorized person or agent of that person at the premises of the manufacturer or wholesale distributor if: (1) The identity and authorization of the recipient is properly established; and (2) this method of receipt is employed only to meet the immediate

needs of a particular patient of the authorized person. Prescription drugs may be furnished to a hospital pharmacy receiving area, provided a pharmacist or authorized receiving personnel signs, at the time of delivery, a receipt stating the type and quantity of such prescription drug or drugs received. Any discrepancy between the receipt and the type and quantity of the prescription drug actually received shall be reported to the delivering manufacturer or wholesale distributor on or before the next business day after delivery to the pharmacy receiving area.

- (f) A manufacturer or wholesale distributor shall not accept payment for, or allow the use of, a person or entity's credit to establish an account for the purchase of prescription drugs from any person other than the owner or owners of record, the chief executive officer or the chief financial officer listed on the license of a person or entity legally authorized to receive prescription drugs. Any account established for the purchase of prescription drugs shall bear the name of the licensee.
- Sec. 521. (NEW) (Effective October 1, 2005) (a) Each person who is engaged in the wholesale distribution of a prescription drug, including repackagers, but excluding the original manufacturer of the finished form of the prescription drug, shall provide a pedigree or electronic file identifying each sale, trade or transfer of a prescription drug when a prescription drug leaves the normal distribution channel and is sold, traded or transferred to any other person. If a pharmacy sells a drug to any person who is not the final consumer, the pharmacy shall provide to the person acquiring the prescription drug a pedigree identifying each sale, trade or transfer of a prescription drug. This subsection shall not be construed to apply to the sale, trade or transfer of a prescription drug between licensees with a common ownership or to meet emergency needs.
- (b) Each person who is engaged in the wholesale distribution of a prescription drug, including repackagers, but excluding the original manufacture of the finished form of the prescription drug, who is in

693 possession of a pedigree for a prescription drug and attempts to 694 further distribute such prescription drug, shall affirmatively verify 695 before any distribution of a prescription drug occurs that each 696 transaction listed on the pedigree has occurred.

- (c) The Commissioner of Consumer Protection shall establish a list of prescription drugs for which a pedigree is required. Such list shall be based on priorities established by the commissioner including, but not limited to, public health preparedness, pharmacoterrorism prevention or response, medication integrity and economic integrity and shall be issued twice yearly, indicating each time whether any or no changes have been made to such list. Each pedigree shall:
- (1) Include all necessary identifying information concerning each sale in the chain of distribution of the product from the manufacture, through acquisition and sale by any wholesale distributor or repackager, until final sale to a pharmacy or other person dispensing or administering the drug. The necessary chain of distribution information shall include, but shall not be limited to: (A) The name, address, telephone number and, if available, the electronic mail address, of each owner of the prescription drug and each wholesale distributor who does not take title to the prescription drug; (B) the signature of each owner of the prescription drug and each wholesale distributor who does not take title to the prescription drug; (C) the name and address of each location from which the product was shipped, if different from the owner's; (D) the transaction dates; and (E) certification that each recipient has authenticated the pedigree.
- (2) The pedigree shall also include, but shall not be limited to: (A) The name of the prescription drug; (B) dosage form and strength of the prescription drug; (C) size of the container; (D) number of containers; (E) lot number of the prescription drug; and (F) name of the manufacturer of the finished dosage form.
- 723 (d) Each pedigree shall be: (1) Maintained by the purchaser and the 724 wholesale distributor for three years; and (2) available for inspection or

removal upon request of an authorized officer of the law. Wholesale distributors that distribute certain prescription drugs identified by the commissioner shall report inventory levels and distribution information including, but not limited to, the name, address, town and state of the distributor or manufacturer, the prescription drug, the drug quantity and the date of transfer of the drug and the name, address, town and state of the distributor or receiving entity. Such information shall be reported at such time and in such form as required by the commissioner. The information provided under this subsection shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200 of the general statutes, and shall be available only to the Departments of Consumer Protection and Public Health, the Office of Emergency Management and such other agency as the commissioner determines, after request by such agency, has need for the information for purposes of public health preparedness, pharmacoterrorism prevention or response, medication integrity or such other purpose deemed appropriate by the commissioner.

(e) The Commissioner of Consumer Protection, with the advice and assistance of the Commission of Pharmacy, shall adopt regulations, in accordance with chapter 54 of the general statutes, to carry out the provisions of this section.

Sec. 522. (NEW) (Effective October 1, 2005) (a) If the state finds that there is a reasonable probability that: (1) A wholesale distributor has: (A) Knowingly violated a provision of sections 517 to 523, inclusive, of this act; or (B) falsified a pedigree, or knowingly sold, distributed, transferred, manufactured, repackaged, handled or held a counterfeit prescription drug intended for human use; (2) the prescription drug that is alleged to be in violation of subdivision (1) of this subsection could cause serious adverse health consequences or death; and (3) other procedures would result in unreasonable delay, the state shall issue an order requiring the appropriate person, including the manufacturers, distributors or retailers of the drug, to immediately cease distribution of the drug.

(b) An order issued under subdivision (3) of subsection (a) of this section shall provide the person subject to the order with an opportunity for an informal hearing, to be held not later than ten days after the date of the issuance of the order, on the actions required by the order. If, after providing an opportunity for such a hearing, the state determines that inadequate grounds exist to support the actions required by the order, the state shall vacate the order.

- Sec. 523. (NEW) (*Effective October 1, 2005*) (a) It shall be unlawful for a person to perform or cause the performance of or aid and abet any of the following acts in this state:
- 769 (1) Failure to obtain a license in accordance with sections 517 to 523, 770 inclusive, of this act, or operating without a valid license when a 771 license is required by sections 517 to 523, inclusive, of this act;
- 772 (2) Selling, distributing, transferring or otherwise providing 773 prescription drugs in violation of the ten per cent rule established in 774 subsection (a) of section 520 of this act;
  - (3) Purchasing or otherwise receiving a prescription drug from a pharmacy in violation of the provisions of subsection (b) or (c) of section 520 of this act;
- 778 (4) The sale, distribution or transfer of a prescription drug to a 779 person that is not authorized under the law of the jurisdiction in which 780 the person receives the prescription drug to receive the prescription 781 drug, in violation of subsection (d) of section 520 of this act;
- 782 (5) Failure to deliver prescription drugs to specified premises, in 783 accordance with the provisions of subsection (e) of section 520 of this 784 act;
- 785 (6) Accepting payment or credit for the sale of prescription drugs, in 786 violation of subsection (f) of section 520 of this act;
- 787 (7) Failure to maintain or provide pedigrees, in accordance with the provisions of section 521 of this act;

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789 (8) Failure to obtain, pass or authenticate a pedigree, in violation of 790 section 521 of this act;

- 791 (9) Providing the state or any of its representatives or any federal 792 official with false or fraudulent records or making false or fraudulent 793 statements regarding any matter under the provisions of sections 517 794 to 523, inclusive, of this act;
- 795 (10) Obtaining or attempting to obtain a prescription drug by fraud, 796 deceit, misrepresentation or engaging in misrepresentation or fraud in 797 the distribution of a prescription drug;
- 798 (11) The manufacture, repacking, sale, transfer, delivery, holding or 799 offering for sale any prescription drug that is adulterated, misbranded, 800 counterfeit, suspected of being counterfeit or has otherwise been rendered unfit for distribution;
- 802 (12) The adulteration, misbranding or counterfeiting of any 803 prescription drug;
- 804 (13) The receipt of any prescription drug that is knowingly adulterated, misbranded, stolen, obtained by fraud or deceit, 805 806 counterfeit or suspected of being counterfeit and the delivery or 807 proffered delivery of such drug for pay or otherwise; and
- 808 (14) The alteration, mutilation, destruction, obliteration or removal 809 of the whole or any part of the labeling of a prescription drug or the 810 commission of any other act with respect to a prescription drug that 811 results in the prescription drug being misbranded.
- 812 (b) Any person who violates the provisions of subsection (a) of this 813 section shall be fined not more than twenty thousand dollars or 814 imprisoned not less than ten years or more than twenty-five years, or 815 both.
- 816 Sec. 524. (NEW) (Effective July 1, 2005) (a) A violation of the 817 provisions of sections 517 to 523, inclusive, of this act constitutes an 818 unfair trade practice under subsection (a) of section 42-110b of the

- 819 general statutes.
- (b) Any person who violates any provision of sections 517 to 523, inclusive, of this act shall be fined not more than twenty thousand dollars or be imprisoned not less than ten years or more than twenty years, or both.
- 824 Sec. 525. (NEW) (Effective July 1, 2005) There is established a drug 825 wholesaler account which shall be a separate, nonlapsing account 826 within the General Fund. The account may contain proceeds from the 827 bond prescribed by subsection (e) of section 519 of this act and any 828 other moneys required by law to be deposited in the account, and shall 829 be held in trust separate and apart from all other moneys, funds and 830 accounts. Any balance remaining in the account at the end of any fiscal 831 year shall be carried forward in the account for the fiscal year next 832 succeeding. Investment earnings credited to the account shall become 833 part of the account. Amounts in the account shall be expended only 834 pursuant to appropriations by the General Assembly, for the fiscal 835 year ending June 30, 2006, and each fiscal year thereafter, for the 836 purposes prescribed in subsection (e) of section 519 of this act, 837 provided such amounts so expended shall not supplant any state or 838 federal funds otherwise available for such services.
  - Sec. 526. Subdivision (2) of subsection (c) of section 19a-127*l* of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):
  - (2) Said committee shall create a standing subcommittee on best practices. The subcommittee shall (A) advise the department on effective methods for sharing with providers the quality improvement information learned from the department's review of reports and corrective action plans, including quality improvement practices, patient safety issues and preventative strategies, and (B) not later than January 1, 2006, review and make recommendations concerning best practices with respect to when breast cancer screening should be conducted using comprehensive ultrasound screening or mammogram

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examinations. The department shall, at least quarterly, disseminate information regarding quality improvement practices, patient safety issues and preventative strategies to the subcommittee and hospitals.

Sec. 527. (Effective from passage) Notwithstanding the provisions of chapter 386 of the general statutes, during the period commencing on the effective date of this section and ending thirty days after said effective date, the Department of Public Health shall issue a license as a barber to any applicant who presents evidence satisfactory to the department that the applicant (1) was employed under the direction of a professional barber in Portugal for a period of not less than five years, (2) subsequent to such employment, served for not less than three years in the Armed Forces of Portugal prior to January 1978, and (3) has completed a course of not less than six hundred hours of study in a school approved in accordance with the provisions of said chapter 386.

Sec. 528. Subsection (b) of section 19a-515 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(b) Each licensee shall complete a minimum of forty hours of continuing education every two years. Such two-year period shall commence on the first date of renewal of the licensee's license after January 1, 2004. The continuing education shall be in areas related to the licensee's practice. Qualifying continuing education activities are courses offered or approved by the Connecticut Association of Healthcare Facilities, the Connecticut Association of Not-For-Profit Providers for the Aging, the Connecticut Chapter of the American College of Health Care Administrators, the Association For Long Term Care Financial Managers, any accredited college or university, or programs presented or approved by the National Continuing Education Review Service of the National Association of Boards of Examiners of Long Term Care Administrators, or by federal or state departments or agencies.

Sec. 529. Section 20-220 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

885 Except as provided in section 20-223, no person shall carry on or 886 engage in the business of funeral directing, or hold himself out to the 887 public as a funeral director, unless he is licensed by the Department of 888 Public Health as a funeral director and unless he owns his business of 889 funeral directing or is an employee or member of a firm, partnership or 890 corporation operating a funeral directing business at an established 891 place of business, for which place of business there has been issued a 892 certificate of inspection by said department as provided in section 20-893 222. Facilities that accept bodies for anatomical purposes pursuant to 894 section 19a-270 are exempt from this section.

- Sec. 530. Section 20-230 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- No person, firm, association or corporation shall engage in the business of funeral directing, except in continuing the supervision of a funeral, or in the profession of embalming or the sale of funeral merchandise in or on any cemetery or tax-exempt property. Facilities that accept bodies for anatomical purposes pursuant to section 19a-270 are exempt from this section.
- 903 Sec. 531. Section 2 of public act 05-144 is repealed and the following 904 is substituted in lieu thereof (*Effective October 1, 2005*):
- 905 (a) For the purposes of this section:
- (1) "Before or after school program" means any educational or recreational program for children [offered] <u>administered</u> in any building or on the grounds of any school by a local or regional board of education or other municipal agency, [or by a private provider,] before or after regular school hours, or both, but does not include a program that is licensed by the Department of Public Health;
- 912 (2) "Cartridge injector" means an automatic prefilled cartridge

913 injector or similar automatic injectable equipment used to deliver 914 epinephrine in a standard dose for emergency first aid response to 915 allergic reactions;

- 916 (3) "Day camp" means any recreational camp program operated by a 917 municipal agency; and
  - (4) "Day care facility" means any child day care center or group day care home, as defined in subdivisions (1) and (2) of subsection (a) of section 19a-77 of the general statutes, that is excluded from the licensing requirements of sections 19a-77 to 19a-87, inclusive, of the general statutes by subsection (b) of section 19a-77 of the general statutes.
    - (b) Upon the request and with the written authorization of the parent or guardian of a child attending any before or after school program, day camp or day care facility, and pursuant to the written order of (1) a physician licensed to practice medicine, (2) a physician assistant licensed to prescribe in accordance with section 20-12d of the general statutes, or (3) an advanced practice registered nurse licensed to prescribe in accordance with sections 20-94a and 20-94b of the general statutes, the owner or operator of such before or after school program, day camp or day care facility shall approve and provide general supervision to an identified staff member trained to administer medication with a cartridge injector to such child if the child has a medically diagnosed allergic condition that may require prompt treatment in order to protect the child against serious harm or death. Such staff member shall be trained in the use of a cartridge injector by a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse [and] or shall complete a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health.
- 943 Sec. 532. Section 1 of substitute senate bill 934 of the current session 944 is amended by adding subsection (f) as follows: (*Effective from passage*):

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945 (NEW) (f) Any person who conducts research involving embryonic 946 stem cells in violation of the requirements of subdivision (2) of 947 subsection (d) of this section shall be fined not more than fifty 948 thousand dollars, or imprisoned not more than five years, or both.

- Sec. 533. Subdivision (1) of subsection (f) of section 29-315 of the general statutes, as amended by substitute senate bill 1088 of the current session, is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- (f) (1) Not later than July 31, 2006, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v shall have a complete automatic fire extinguishing system approved by the State Fire Marshal installed throughout such chronic and convalescent nursing home or rest home with nursing supervision. Not later than July 1, 2004, the owner or authorized agent of each such home shall submit plans for the installation of such system, signed and sealed by a licensed professional engineer, to the local fire marshal and building official within whose jurisdiction such home is located or to the State Fire Marshal, as the case may be, and shall apply for a building permit for the installation of such system. The owner or authorized agent shall notify the [Commissioner] Department of Public Health of such submission.
- (2) On or before July 1, 2005, and quarterly thereafter, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v shall submit a report to the local fire marshal describing progress in installing the automatic fire extinguishing systems required under subsection (a) of this section. In preparing such report each such nursing home or rest home shall conduct a facility risk analysis. Such analysis shall include, but not be limited to, an analysis of the following factors: Type of construction, number of stories and residents, safeguards in the facility, types of patients, travel distance to exits and arrangement of means of egress. After review of the report, the local fire marshal may require the

nursing home or rest home to implement alternative fire safety measures to reduce the level of risk to occupants before installation of automatic fire sprinklers is completed.

Sec. 534. Section 2 of substitute senate bill 1088 of the current session is repealed and the following is substituted in lieu thereof (*Effective from passage*):

On or before July 1, 2005, each chronic and convalescent nursing home or rest home with nursing supervision licensed pursuant to chapter 368v of the general statutes shall submit a plan for employee fire safety training and education to the [Commissioners] Departments of Public Health and Public Safety and the Labor Department. Such plan shall, at a minimum, comply with standards adopted by the federal Occupational Safety and Health Administration, including, but not limited to, standards listed in 29 CFR 1910.38, 1910.39 and 1910.157, as adopted pursuant to chapter 571 of the general statutes, or 29 USC Section 651 et seq., as appropriate. The commissioners shall review each such plan and may make recommendations they deem necessary. Once approved or revised, such plan shall not be required to be resubmitted until further revised or there is a change of ownership of the nursing or rest home.

Sec. 535. (Effective from passage) (a) The Commissioner of Public Health shall establish an ad hoc committee for the purpose of assisting the commissioner in examining and evaluating the feasibility of establishing a nurse intervention program that would be an alternative, voluntary and private opportunity for the rehabilitation of any nurse licensed pursuant to chapter 378 of the general statutes who (1) has a chemical dependency or mental or physical illness, (2) during his or her participation in such a program does not pose a threat in his or her practice of nursing, to the health and safety of any person, and (3) agrees to have his or her rehabilitation monitored by program staff in lieu of disciplinary action.

(b) (1) The ad hoc committee shall consist of the chairpersons and

ranking members of the joint standing committee of the General 1010 1011 Assembly having cognizance of matters relating to public health, or 1012 their designees, and the following members appointed by the 1013 commissioner: (A) Two employees of the Department of Public Health, 1014 (B) two employees of the Department of Mental Health and Addiction 1015 Services, (C) two representatives of the Connecticut State Board of Examiners for Nursing, (D) two representatives of a professional 1016 1017 organization representing registered nurses in this state, (E) two 1018 representatives of a professional organization representing licensed 1019 practical nurses in this state, and (F) two representatives from the 1020 nursing community at large with a background in substance abuse 1021 issues among nurses. The Commissioner of Public Health, or a 1022 designee, shall be an ex-officio member with full voting rights.

- (2) The Commissioner of Public Health may expand the membership of the ad hoc committee to include representatives from related fields if the commissioner decides such expansion would be useful.
- (c) On or before February 1, 2006, the Commissioner of Public Health shall submit, in accordance with section 11-4a of the general statutes, the results of the examination, with specific recommendations for statutory changes, if any, to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to public health.
- Sec. 536. Subsection (b) of section 19a-77 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- 1036 (b) For licensing requirement purposes, child day care services shall not include such services which are:
- 1038 (1) (A) Administered by a public school system, or (B) administered by a municipal agency or department and located in a public school building;

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(2) Administered by a private school which is in compliance with section 10-188 and is approved by the State Board of Education or is accredited by an accrediting agency recognized by the State Board of Education;

- 1045 (3) Recreation operations such as, but not limited to, creative art studios for children that offer parent-child recreational programs and classes in music, dance, drama and art that are no longer than two hours in length, library programs, [boys' and girls' clubs,] church-1049 related activities, scouting, camping or community-youth programs;
- (4) Informal arrangements among neighbors or relatives in their own homes, provided the relative is limited to any of the following degrees of kinship by blood or marriage to the child being cared for or to the child's parent: Child, grandchild, sibling, niece, nephew, aunt, uncle or child of one's aunt or uncle;
- 1055 (5) Drop-in supplementary child care operations for educational or 1056 recreational purposes and the child receives such care infrequently 1057 where the parents are on the premises;
- 1058 (6) Drop-in supplementary child care operations in retail establishments where the parents are on the premises for retail shopping, in accordance with section 19a-77a, provided that the drop-in supplementary child-care operation does not charge a fee and does not refer to itself as a child day care center; [or]
- 1063 (7) Drop-in programs administered by a nationally chartered boys' and girls' club; or
- 1065 [(7)] (8) Religious educational activities administered by a religious 1066 institution exclusively for children whose parents or legal guardians 1067 are members of such religious institution.
- Sec. 537. Subdivision (3) of subsection (d) of section 20-614 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(3) No electronic data intermediary shall operate without the approval of the Commissioner of Consumer Protection. An electronic data intermediary seeking approval shall apply to the Commission of Pharmacy in the manner prescribed by the commissioner. The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria for the approval of electronic data intermediaries, [including requirements for] to ensure that (A) [the] procedures to be used for the transmission and retention of prescription data by an intermediary, and (B) mechanisms to be used by an intermediary to safeguard the confidentiality of such data, are consistent with the provisions and purposes of this section.

Sec. 538. Section 19a-6e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department of Public Health shall establish a registry of data on traumatic brain injury patients. Each hospital, as defined in section 19a-490, shall make available to the registry such data concerning each traumatic brain injury patient admitted to such hospital as the Commissioner of Public Health shall require by regulations adopted in accordance with chapter 54. The data contained in such registry may be used by the department and authorized researchers as specified in such regulations, provided [no] personally identifiable information obtained concerning any such traumatic brain injury patient [may be disclosed by the registry without the written consent of such patient or a person authorized by law to consent on behalf of such patient] shall be held confidential pursuant to section 19a-25. The data contained in the registry shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The commissioner may enter into a contract with a nonprofit association in this state concerned with the prevention and treatment of brain injuries to provide for the implementation and administration of the registry established pursuant to this section.

1103 Sec. 539. Subsection (a) of section 19a-55 of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective from passage*):

1106 (a) The administrative officer or other person in charge of each 1107 institution caring for newborn infants shall cause to have administered 1108 to every such infant in its care an HIV-related test, as defined in section 1109 19a-581, a test for phenylketonuria and other metabolic diseases, 1110 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine 1111 disease, homocystinuria, biotinidase deficiency, congenital adrenal 1112 hyperplasia and such other tests for inborn errors of metabolism as 1113 shall be prescribed by the Department of Public Health. The tests shall 1114 be administered as soon after birth as is medically appropriate. If the 1115 mother has had an HIV-related test pursuant to section 19a-90 or 19a-1116 593, the person responsible for testing under this section may omit an 1117 HIV-related test. The Commissioner of Public Health shall (1) 1118 administer the newborn screening program, (2) direct persons 1119 identified through the screening program to appropriate specialty 1120 centers for treatments, consistent with any applicable confidentiality 1121 requirements, and (3) set the fees to be charged to institutions to cover 1122 all expenses of the comprehensive screening program including 1123 testing, tracking and treatment. The fees to be charged pursuant to 1124 subdivision (3) of this section shall be set at a minimum of twenty-1125 eight dollars. The commissioner shall adopt regulations, in accordance 1126 with chapter 54, [specifying the abnormal conditions to be tested for 1127 and the manner of recording and reporting results. On or before 1128 January 1, 2004, such regulations] to implement the provisions of this 1129 section. The Commissioner of Public Health shall publish on the 1130 Department of Public Health's Internet web site a list of all the 1131 abnormal conditions for which the department screens newborns 1132 under the newborn screening program, which shall include 1133 [requirements for testing] screening for amino acid disorders, organic 1134 acid disorders and fatty acid oxidation disorders, including, but not 1135 limited to, long-chain 3-hydroxyacyl CoA dehydrogenase (L-CHAD) 1136 and medium-chain acyl-CoA dehydrogenase (MCAD)."

1137 Sec. 540. Section 17b-242 of the general statutes, as amended by

section 1 of public act 05-118, is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

1140 (a) The Department of Social Services shall determine the rates to be 1141 paid to home health care agencies and homemaker-home health aide 1142 agencies by the state or any town in the state for persons aided or 1143 cared for by the state or any such town. For the period from February 1144 1, 1991, to January 31, 1992, inclusive, payment for each service to the 1145 state shall be based upon the rate for such service as determined by the 1146 Office of Health Care Access, except that for those providers whose 1147 Medicaid rates for the year ending January 31, 1991, exceed the median 1148 rate, no increase shall be allowed. For those providers whose rates for the year ending January 31, 1991, are below the median rate, increases 1149 1150 shall not exceed the lower of the prior rate increased by the most 1151 recent annual increase in the consumer price index for urban 1152 consumers or the median rate. In no case shall any such rate exceed the 1153 eightieth percentile of rates in effect January 31, 1991, nor shall any rate 1154 exceed the charge to the general public for similar services. Rates 1155 effective February 1, 1992, shall be based upon rates as determined by 1156 the Office of Health Care Access, except that increases shall not exceed 1157 the prior year's rate increased by the most recent annual increase in the 1158 consumer price index for urban consumers and rates effective 1159 February 1, 1992, shall remain in effect through June 30, 1993. Rates 1160 effective July 1, 1993, shall be based upon rates as determined by the 1161 Office of Health Care Access except if the Medicaid rates for any 1162 service for the period ending June 30, 1993, exceed the median rate for 1163 such service, the increase effective July 1, 1993, shall not exceed one 1164 per cent. If the Medicaid rate for any service for the period ending June 1165 30, 1993, is below the median rate, the increase effective July 1, 1993, 1166 shall not exceed the lower of the prior rate increased by one and one-1167 half times the most recent annual increase in the consumer price index 1168 for urban consumers or the median rate plus one per cent. The 1169 Commissioner of Social Services shall establish a fee schedule for home 1170 health services to be effective on and after July 1, 1994. The 1171 commissioner may annually increase any fee in the fee schedule based

on an increase in the cost of services. The commissioner shall increase the fee schedule for home health services provided under the Connecticut home-care program for the elderly established under section 17b-342, effective July 1, 2000, by two per cent over the fee schedule for home health services for the previous year. The commissioner may increase any fee payable to a home health care agency or homemaker-home health aide agency upon the application of such an agency evidencing extraordinary costs related to (1) serving persons with AIDS; (2) high-risk maternal and child health care; (3) escort services; or (4) extended hour services. In no case shall any rate or fee exceed the charge to the general public for similar services. A home health care agency or homemaker-home health aide agency which, due to any material change in circumstances, is aggrieved by a rate determined pursuant to this subsection may, within ten days of receipt of written notice of such rate from the Commissioner of Social Services, request in writing a hearing on all items of aggrievement. The commissioner shall, upon the receipt of all documentation necessary to evaluate the request, determine whether there has been such a change in circumstances and shall conduct a hearing if appropriate. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection. The commissioner may implement policies and procedures to carry out the provisions of this subsection while in the process of adopting regulations, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days of implementing the policies and procedures. Such policies and procedures shall be valid for not longer than nine months.

- (b) The Department of Social Services shall monitor the rates charged by home health care agencies and homemaker-home health aide agencies. Such agencies shall file annual cost reports and service charge information with the department.
- 1203 (c) The home health services fee schedule shall include a fee for the 1204 administration of medication, which shall apply when the purpose of a 1205 nurse's visit is limited to the administration of medication.

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Administration of medication may include, but is not limited to, blood pressure checks, glucometer readings, pulse rate checks and similar indicators of health status. The fee for medication administration shall include administration of medications while the nurse is present, the pre-pouring of additional doses that the client will self-administer at a later time and the teaching of self-administration. The department shall not pay for medication administration in addition to any other nursing service at the same visit. The department may establish prior authorization requirements for this service. Before implementing such change, the Commissioner of Social Services shall consult with the chairpersons of the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services.

- (d) The home health services fee schedule established pursuant to subsection (c) of this section shall include rates for psychiatric nurse visits.
- (e) The Department of Social Services, when processing or auditing claims for reimbursement submitted by home health care agencies and homemaker-home health aide agencies shall, in accordance with the provisions of chapter 15, accept electronic records and records bearing the electronic signature of [an individual duly authorized by any such agency to submit records to the department] a licensed physician or licensed practitioner of a healthcare profession that has been submitted to the home health care agency or homemaker home-health aide agency.
  - (f) If the electronic record or signature that has been transmitted to a home health care agency or homemaker-home health aide agency is illegible or the department is unable to determine the validity of such electronic record or signature, the department shall review additional evidence of the accuracy or validity of the record or signature, including, but not limited to, (1) the original of the record or signature, or (2) a written statement, made under penalty of false statement, from (A) the licensed physician or licensed practitioner of a health care

profession who signed such record, or (B) if such licensed physician or licensed practitioner of a health care profession is unavailable, the medical director of the agency verifying the accuracy or validity of such record or signature, and the department shall make a determination whether the electronic record or signature is valid.

[(f)] (g) The Department of Social Services, when auditing claims submitted by home health care agencies and home-maker home health aide agencies, shall consider any signature from a licensed physician or licensed practitioner of a health care profession that may be required on a plan of care for home health services, to have been provided in timely fashion if (1) the document bearing such signature was [provided to such agency] signed prior to the time when such agency seeks reimbursement from the department for services provided, and (2) verbal or telephone orders from the licensed physician or licensed practitioner of a health care profession were received prior to the commencement of services covered by the plan of care and such orders were subsequently documented. Nothing in this subsection shall be construed as limiting the powers of the Commissioner of Public Health to enforce the provisions of sections 19-13-D73 and 19-13-D74 of the regulations of Connecticut state agencies and 42 CFR 484.18(c).

Sec. 541. Sections 10a-194e and 17b-256e of the general statutes are repealed. (*Effective July 1, 2005*)"

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